



\$ 1651

Docket No. 22091-701CON1

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: June 19, 2001

Name of Person Certifying: Carol M. Gruppi
Printed Name: Carol M. Gruppi

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John L. Schenk

Assignee: XY, Inc.

Serial No.: 09/478,299

Examiner: M. Meller

Filing Date: 01/05/2000

Group Art Unit: 1651

Title: METHOD OF CRYOPRESERVING SELECTED SPERM CELLS

RECEIVED

JUN 29 2001

Assistant Commissioner for Patents
Washington, D.C. 20231

TECH CENTER 1600/2

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on December 19, 2000, enclosed herewith for filing are the following:

- ☒ A Response [5] page(s)
- ☐ A Response to Restriction Requirement under 35 USC § 121 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.111 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.116 [] page(s)
- ☐ Other _____ [] page(s)

Also included are:

- ☒ A Petition for Extension of Time [3] months [2] page(s)
- ☐ Information Disclosure Statement
[] page(s) of PTO-1449 [] copies of IDS citations
- ☐ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☐ Other: _____
- ☒ Return Postcard

Fee Calculation						
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	37-	37	0	× \$18.00	× \$9.00	\$0
Independent claims	3 -	3	0	× \$80.00	× \$40.00	\$0
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$
Petition for Extension of Time Fee (3_ months)						\$445.00
OTHER FEES _____ (specify)						\$
TOTAL FEES =						\$445.00

☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

☐ A check in the amount of \$ _____ to cover the above fees is enclosed.

☒ Please charge Deposit Account No. 50-1189, Docket No. 22091-701CON1, in the amount of \$445.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 22091-701CON1. *A duplicate copy of this sheet is enclosed.*

DATE: June 19, 2001

Respectfully submitted,

By: _____

Carol M. Gruppi

Registration No.: 37,341

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